

**STATE OF MICHIGAN**  
**DEPARTMENT OF LABOR & ECONOMIC GROWTH**  
**OFFICE OF FINANCIAL AND INSURANCE REGULATION**  
**Before the Commissioner of Financial and Insurance Regulation**

In the matter of

XXXXX

Petitioner

File No. 89171-001

v

Blue Cross Blue Shield of Michigan  
Respondent

/

**Issued and entered**  
**This 4<sup>th</sup> day of June 2008**  
**by Ken Ross**  
**Commissioner**

**ORDER**

**I**  
**PROCEDURAL BACKGROUND**

On April 15, 2008, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the request and accepted it on April 22, 2008.

The Commissioner notified BCBSM of the external review and requested the information used in making its adverse determination. The Commissioner received BCBSM's response on May 2, 2008.

The issue in this external review can be decided by a contractual analysis. The contract here is the Community Blue Group Benefit Certificate (the certificate), the contract that defines the Petitioner's health care benefits. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

## **II FACTUAL BACKGROUND**

The Petitioner had dental implants inserted by XXXXX, D.D.S., on September 18, 2007. The amount charged for this care was \$3,996.00. BCBSM denied payment for this treatment.

The Petitioner appealed BCBSM's decision to deny coverage. BCBSM held a managerial-level conference on April 3, 2008, and issued a final adverse determination dated the same day.

## **III ISSUE**

Is BCBSM required to cover the Petitioner's September 18, 2007 dental implants?

## **IV ANALYSIS**

### **Petitioner's Argument**

The Petitioner said in his request for external review, "I am not asking for any coverage on my teeth. Just the implants. I could have had my teeth done less expensive without implants. I got implants to stop bone loss due to physician's advice."

The Petitioner says that the need for implants arose from "a dental condition that is adversely affected a medical condition," quoting directly from his BCBSM certificate. Therefore, he believes that his dental implants are a covered benefit. The Petitioner had the dental implant surgery to stop the deterioration of his jaw and to slow or stop the medical condition of bone loss.

The Petitioner argues that his dental implants are a covered benefit and BCBSM is required to pay for them.

### **BCBSM's Argument**

BCBSM says two sections of the certificate describe the dental benefits available to the Petitioner and that dental coverage is limited to certain very clear and specific criteria. In Section 4 of the certificate, "Coverage for Physician and other Professional Provider Services," it says (page 4.3):

- Dental surgery is payable **only** for:
  - Multiple extractions or removal of unerupted teeth, alveoloplasty or gingivectomy when the patient has a dental condition that is adversely affecting a medical condition requiring the procedures to be performed in a hospital setting....
  - Surgery directly to the temporomandibular joint (jaw joint)
  - Arthrocentesis performed for the reversible or irreversible treatment of jaw joint disorder.

In Section 5, "Coverage for Other Health Care Services," it says (page 5.1)

This section describes coverage for other health care services in addition to your hospital, facility and professional provider services. \* \* \*

#### Emergency Dental Treatment

We pay our approved amount for treatment of accidental injuries. An accidental injury is defined as occurring when an external force to the lower half of the face or jaw damages or breaks sound natural teeth, periodontal structures (gums) or bone.

We pay for emergency treatment within 24 hours of the accidental injury to relieve pain and discomfort.

We must preapprove any follow-up services. You must complete follow-up treatment within six months of the accidental injury unless BCBSM determines that the member's condition makes treatment within this time period impossible.

We do not pay for:

- Treatment that was previously paid as a result of an accident
- Dental conditions existing before the accident
- Artificial and endodontic dental implants and related services including repair and maintenance of implants or surrounding tissue
- Services to treat temporomandibular joint dysfunction \* \* \*

Under the terms of the certificate cited above, dental implants and related services, including repair and maintenance of implants and surrounding tissue are not a covered benefit. The only dental services payable under the certificate are extractions or removal of unerupted teeth,

alveoplasty, or gingivectomy when the patient has a medical condition that requires the procedure to be performed in a hospital; surgery directly to the temporomandibular joint; arthrocentesis; and dental care for treatment caused by an accidental injury. Moreover, dental implants are specifically excluded from coverage.

BCBSM argues that the Petitioner did not meet any of the criteria to have dental care covered under the term of the certificate and therefore its denial was appropriate.

#### Commissioner's Review

The Petitioner's certificate is primarily for medical and surgical care, not dental treatment. The Petitioner argues that he had dental implants to stop the deterioration of the bone in his jaw and that his care was therefore treatment of a dental condition that is adversely affecting a medical condition and would be a covered benefit under the certificate. However, the certificate language that he quoted applies only for certain services that must be performed in a hospital setting. Dental implants are not included in the services covered in that section and no information was provided to show that the implants were done in a hospital. Therefore, that language does not apply in this case.

The Petitioner also argues that he is not asking for any coverage on his teeth, just the implants. Since he requires the implants to keep his jaw bone from deteriorating, he believes the implants are medical and not dental treatment. However, the certificate defines "dental care" on page 7.5 as:

Care given to diagnose, treat, restore, fill, remove, or **replace** teeth or **the structures supporting the teeth**, including changing the bite or position of the teeth. (Emphasis added)

Dental implants in the Petitioner's case fall under this definition and are therefore considered dental care. Since implants are not included in the limited dental care coverage provided for in the certificate, they are not a covered benefit and BCBSM is not required to pay for them.

**V  
ORDER**

BCBSM's final adverse determination of April 3, 2008, is upheld. BCBSM is not required to cover the Petitioner's September 18, 2007, dental implants.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the circuit court for the county where the covered person resides or in the Circuit Court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.